

CONGRESSIONAL INQUIRY PRIVACY DISCLOSURE FORM

United States Senator  
**Herb Kohl**  
Wisconsin

**Madison Office**  
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**Madison, Wisconsin 53703**

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Name of Petitioner: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Has your address changed since the application/petition was filed? \_\_\_\_\_

Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Application/Petition Type: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Location Filed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Describe Problem: \_\_\_\_\_

\_\_\_\_\_

*The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you. Therefore, U.S. Senator Herb Kohl will need your written signature on this waiver before he can intervene on your behalf.*

I hereby authorize the appropriate federal government agency to release any and all information pertaining to me and my case to U.S. Senator Herb Kohl or any member of his staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_